BILLING CARD

Patient Name Mrs/ Belapa Konda Subbayamma D.O.A. 1-5-24 Time 9:01 PM

IP No. 0199

Room No. single Room non A/C Rent Per Day 3000/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
1/5/24	9:00pm	EMR	103	Chaitra

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
1/5/24	10:00Pm	5/5/24	11:AM

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/5/24	12:45AM	2/5/24	9:05AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

LABORATORY

Date	
4/5/24	S. electrolytes.

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

2/5/24	ECG.		
2/5/24	chest x-ray PA view.		
2/5/24.	2DECho (Pdi^e d)		

CBG

1/5/24	1		
2/5/24	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. krishna prithvi.	2/5/24	3/5/24	4/5/24.				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : —	
BILL CLEARED : MED:- 3,529/- 5/5/24	
RETURNS CHECKED : —	

Other Procedures : (specify) :-

Foley's catheter present 1/5/24 at 8:30Pm

P. Sandya 8017

Admission Officer :

P. Vardhini (0090)
Sister In-charge